



Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

October 2, 2014

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

NHPUC 7OCT14AM11:51

Dear Ms. Howland,

Enclosed please find the application for the Christopher Betjemann system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Christopher Betjemann
216 Canaan Back Rd
Barrington, NH 03825
603-664-2673
brrngmtrwks@metrocast.net

(Barrington Motor Works)

The Nepool GIS ID # for this facility is: NON43301. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Alane Lakritz

Alane Lakritz
President
Knollwood Energy of MA LLC
862-432-0259
908-955-0593 (fax)
Alane@KnollwoodEnergy.com

Enclosures (3)



State of New Hampshire
Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR

RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to: **Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission**
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

☐ Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I Class II ☒ Check here X if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name.

Knollwood Energy of MA

☐ Provide the following information for the owner of the PV system.

Applicant Name Christopher Betjemann Email brnngmtrwks@metrocast.net
Address 216 Canaan Rd City Barrington State NH Zip 03825
Telephone 603-664-2673 Cell 03825

☐ For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact Christopher Betjemann
Address 216 Canaan Back Rd City Barrington State NH Zip 03825
Telephone _____ Cell _____

Email address: _____

☐ Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	40	ET-Solar ET-P660260WBAC	other		
Inverter	40	Solarbridge Pantheon II	other		
meter	1	Centron Vision	other		

☐ A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.

☐ For PSNH customers, both the Simplified Process Interconnection Application and Exhibit B - Certificate of Completion are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 9.80 DC, 9.52 AC

What was the initial date of operation (the date your utility approved the facility)? 7/14/2014

☐ Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer
Name Seacoast Energy Contact Jack Bingham License # (if applicable) _____
Address 289 Scruton Pond Rd City Barrington State: NH Zip 03825
Telephone 603-973-9798 email jack@seacoastenergy.com

If the equipment was installed directly by the customer, please check here:

☐ Provide the name and contact information of the equipment vendor.

X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ email _____

☐ If an independent electrician was used, please provide the following information.

Electrician's Name jeff Newsky License # M8979

Business Name Newsky Electrical Contracting Email _____

Address p.O. Box 874 City Dover State NH Zip 03820

☐ Provide the name of the independent monitor for this facility. (A list of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Paul Button Energy Audit Unlimited

Is the facility certified under another state's renewable portfolio standard? yes nox

If "yes", then provide proof of the certification as **Attachment C**.

- Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.
- In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:

James Webb

Registry Administrator, APX Environmental Markets

224 Airport Parkway, Suite 600, San Jose, CA 95110

Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON43301 Asset ID # NON43301

☐ Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.

☐ The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature

Alane Lakrite

Date

10/3/14

Applicant's Printed Name

Alane Lakrite

Subscribed and sworn before me this

3

Day of

October

(month) in the year

2014

County of

Morris

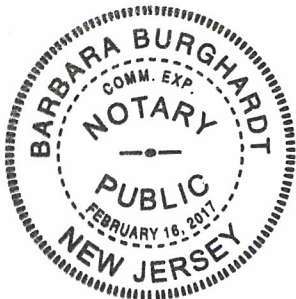
State of

New Jersey

Barbara Burghardt

Notary Public/Justice of the Peace

My Commission Expires



☐ Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA and Exhibit B – Certification of Completion for Simplified Process Interconnection.	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	X
*Usually included in the interconnection agreement.	

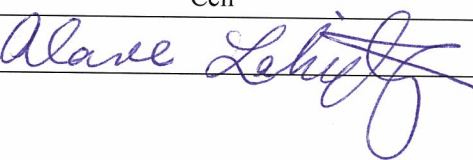
☐ If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here and skip this section.

PREPARER'S INFORMATION

Preparer's Name Alane Lakritz Email address: alane@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 862-432-0259 Cell _____

Preparer's Signature: 

RECEIVED

Revised → JUL 15 2014

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

SESD

Simplified Process Interconnection Application and Service Agreement

Date Prepared: March 20 2014

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Barrington Motor Works LLCContact Person, if Company: Chris BetjemennMailing Address: 215 back Canaan RoadCity: BarringtonState: NHZip Code: 03825Telephone (Daytime): 603-664-2673

(Evening): _____

Facsimile Number: _____

E-Mail Address: brmgmtrwks@metrocast.net**Alternative Contact Information** (e.g., System installation contractor or coordinating company, if appropriate):

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone (Daytime): _____

(Evening): _____

Facsimile Number: _____

E-Mail Address: _____

Electrical Contractor Contact Information (if appropriate):Name: Jeff NewskyMailing Address: 88 Littleworth RoadCity: DoverState: NHZip Code: 03820Telephone (Daytime): 603-834-3293

(Evening): _____

Facsimile Number: _____

E-Mail Address: jnewskycontracting@yahoo.com**Facility Site Information:**Facility (Site) Address: 216 Back Canaan RoadCity: BarringtonState: NHZip Code: 03825

Electric

Service Company: PSNHAccount Number: 5664801082Meter Number: 454 114 957**Non-Default Service Customers Only:**

Competitive Electric

Energy Supply Company: _____

Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

Facility Machine Information:

Generator/

Model Name &

Inverter Manufacturer: SolarBridgeNumber: Pantheon IIQuantity: 40Nameplate Rating: 9.6 (kW)

(kVA)

(AC Volts) 240Phase: Single ☒ Three ☐System Design Capacity: 9.52 (kW)

(kVA)

Battery Backup: Yes ☐ No ☒Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐Prime Mover: Photovoltaic ☐Reciprocating Engine ☐Fuel Cell ☐Turbine ☐

Other _____

Energy Source: Solar ☒Wind ☐Hydro ☐Diesel ☐Natural Gas ☐Fuel Oil ☐

Other _____

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

RECEIVED

JUL 15 2014

SESD

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer or Company Name (print): CHAS & BARBARA BETJEMANN
Contact Person, if Company: SARAINGTON NOTARWORKS
Mailing Address: 216 CAHAN BACK ROAD
City: SARAINGTON State: NH Zip Code: 03825
Telephone (Daytime): 603 664 2673 (Evening): _____
Facsimile Number: _____ E-Mail Address: SARAINGTON@NOTARWORKS.NET

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Generation Vendor: _____

Contact Person: _____

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: _____

Date: 7/15/14

Electrical Contractor's Name (if appropriate): JEFF NEWSKY
Mailing Address: 88 LITTLENORTH RD
City: DOVER State: NH Zip Code: 03820
Telephone (Daytime): 603 934 3535 (Evening): _____
Facsimile Number: _____ E-Mail Address: _____
License number: M 8979

Date of approval to install Facility granted by the Company: _____ Installation Date: _____

Application ID number: N 2922

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

SARAINGTON / STRAFFORD
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): _____

Name (printed): JOHN HUCKINS

Date: 7-14-14

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial start up test required by Puc 905.04 has been successfully completed.

Customer Signature: _____

Date: 7/14/14